

U. S. ARMY AVIATION AND MISSILE COMMAND

WORKER'S COMPENSATION HANDBOOK FOR TEAM REDSTONE SUPERVISORS



**Prepared by
AMCOM Civilian Personnel Advisory Center
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FOREWORD

The Civilian Personnel Advisory Center (CPAC) has prepared this Supervisor's Guide to assist you in processing notices of traumatic injury when your employees are injured in performance of duty. This guide will also give you some cost effective ideas for the utilization of those employees with job-related illnesses and conditions while keeping them in a productive status wherever possible. The Injury Compensation Specialist (ICS) names, phone numbers, and email addresses are listed below. If, after reading this guide, you have any questions concerning the FECA program and your responsibility as a Supervisor, please contact the CPAC FECA Office:

Office Name:	Civilian Personnel Advisory Center (CPAC)
Location:	Bldg. 5308, Room 8119
Office Symbol:	AMSAM-PT-CP-CSB

Injury Comp Spec:	DEBRA HAMMOND 842-9038 (DSN 788-9038) and KIM STOUFER at 876-5294 (DSN 788-5294) Services all AMCOM & Non-AMCOM organizations
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CHAPTER 1

SUPERVISORY RESPONSIBILITIES

Once a supervisor is notified that an employee has sustained a job-related injury or illness, he should strongly encourage the injured employee to seek immediate medical treatment. Employees should seek medical treatment even if the injury appears to be minor. While many minor injuries heal without treatment, a few result in serious prolonged disability that could be prevented if treatment is rendered at the time of injury. Employees are entitled to initial selection of physician for treatment of an injury; however, AMCOM has a “clinic first” policy. This means that, in non-emergency situations, employees are asked to report to the Occupational Medicine (OM) Clinic at Fox Army Health Center (FAHC), for initial evaluation of injuries and to receive the Department of Labor (DOL) CA-1 or CA-2 forms for notification of injury. The telephone number for the OM is **876-8831**. FAHC may be utilized if the injury occurs when the OM is not open. After the initial evaluation, employees may choose to be treated by the OM staff, OR may choose to seek treatment from a private physician. If the employee chooses within 7 days of the injury to be treated by a private physician, the OM will issue a DOL Form CA-16, Authorization for Medical Treatment, and make an appointment with the private physician for the injured employee. Once the initial selection has been made, the Office of Workers’ Compensation Program (OWCP) in Jacksonville, Florida must authorize any change in treating physician (with the exception of referrals).

A completed DD Form 689 (Appendix E) will expedite treatment at the OM. This form can be obtained from the administrative office in the injured employee’s organization. The supervisor should instruct the employee to report to the OM with the completed DD 689 for evaluation. It is advisable for the supervisor or another employee to drive the injured employee to the OM unless the injury is obviously minor. If, after evaluation/treatment by the OM, the employee is returned to work, the supervisor should assist the employee with completion of the CA-1 and hand-deliver the CA-1 to the CPAC Injury Compensation Office. If it is determined by the attending physician or other medical personnel that the employee is unable to perform current duties, employee should notify supervisor and complete the CA-1 immediately and provide to the supervisor for completion. The supervisor should then complete his portion and hand-carry the CA-1 to the CPAC Injury Compensation Office. Timely submission of the CA-1 is important for several reasons. One reason affects the employee’s eligibility for Continuation of Pay (COP). COP will be authorized by the CPAC electronically and forwarded to the supervisor with instructions for timekeeping when an employee provides medical evidence to the CPAC of any time-off work or disability period. If medical evidence is provided to you, it must be faxed or delivered to the CPAC Specialist. (COP is explained in more depth in Chapter 4.)

The supervisor should assist the employee in completing the CA-1, if assistance is requested. The supervisor should also perform an initial investigation in conjunction with the information given by the employee and witnesses' statements of the CA-1. This investigation is helpful to become familiar with the facts of the alleged injury. (More information is provided concerning initial investigation in Chapter 3.) The supervisor should inform the employee of the right to select COP or annual/sick leave. If the supervisor determines light duty is available and has identified a specific job, the injured employee should be advised to obtain a description of work limitations (physical limitations) from attending physician. The employee should also be instructed to ask the physician to indicate when the employee will be able to perform regular duties.

If the employee is unable to return to work at the end of the 45-calendar day COP period and has applied for workers' wage compensation (DOL Form CA-7) through the CPAC Injury Compensation Office, the supervisor will be advised to submit an RPA (to place the employee on Leave Without Pay (LWOP) for compensation) if it appears that the disability period will exceed 30 days.

The supervisor should notify the CPAC Injury Compensation Office immediately upon an employee's return to work. All injured workers should receive clearance from the OM prior to returning to work regardless of whether OM was involved in the initial treatment of the injury. If the physician has mandated light duty upon return to work, the supervisor will make the necessary accommodations for the employee, if at all possible.

Supervisors should become familiar with the Time and Attendance (T&A) Manual and be aware of the various timekeeping codes associated with employees who are on COP, LWOP, or any other status associated with workers' compensation. CPAC Injury Compensation Specialists are available to assist with questions regarding the appropriate way to post T&A for employees covered by Workers' Compensation.

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CHAPTER 2

EMPLOYEE RESPONSIBILITIES

Employees who are injured while in the performance of duty, while at work or at a management mandated function, or while driving on government property while in the performance of duty should report such injury to their immediate supervisor. The employee should also report in person to the OM at FAHC to seek initial treatment, no matter how minor the injury may seem. While visiting the OM, the employee will receive a CA-1 (or a CA-2) and will be given instructions on completing the form. The employee should complete the form expeditiously and submit to supervisor for further completion and submission to the CPAC Injury Compensation Office.

The employee may choose the physician of his/her choice after visiting the OM. If the OM refers the employee to a private specialist for further treatment, the employee cannot change private physicians unless it is a referral from the initial private physician. In order to receive all benefits of entitlement in a timely manner, the injured employee is required to provide all medical evidence and off-work notes received at the physician's office to his/her supervisor and to the CPAC Injury Compensation Office.

In order to qualify for COP, the employee must submit the CA-1 within 30 days of the date of injury, and must produce medical evidence of disability within 10 days of the absence. It is the employee's responsibility to notify the CPAC Injury Compensation Office and the supervisor of any absences due to the injury and of any possibility of further treatment, physical therapy, surgery, etc. in order for proper steps to be taken to post the employee's time and attendance charges.

It is the employee's responsibility to file for claims for wage loss, medical reimbursements, schedule awards, and any other benefit he/she may be entitled to. This is especially important at the onset of the disability so that the employee may be paid in a timely manner if he/she does not wish to use his/her own leave for the disability period.

Worker's Compensation is NOT automatic; the employee is responsible for notifying his management and the CPAC Injury Compensation Specialist of all medical and work-related events surrounding the injury. All claims must be coordinated through the CPAC Compensation Specialist for submission to the OWCP.

If an employee is filing a CA-2, Notice of Occupational Illness/Disease, the responsibilities are the same, except that COP is not authorized in the case of an occupational illness. However, all other benefits are available upon the illness case being accepted by OWCP, and it will be the employee's responsibility to submit all the necessary medical evidence and claims for compensation.

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CHAPTER 3

INITIAL INVESTIGATION OF INJURIES

While the majority of FECA claims are legitimate, it is estimated that millions of dollars per year are spent on fraudulent claims. Therefore, supervisors of injured employees are to complete an initial investigation as to the facts surrounding the injury since they are generally in the best position to investigate on-the-job injuries and to determine if employees are being truthful in relating the circumstances of an alleged injury. Facts which should be taken into consideration during the initial investigation should include whether the employee was “in the performance of duty” when the injury occurs; whether the employee has a job or hobby outside federal employment and has indicated verbally that he injured himself outside of work; and whether employee was wearing/using safety equipment and/or had been counseled about safety procedures.

The initial supervisory investigation should be completed as soon as possible so that the information needed to complete the supervisor’s statement on the CA-1 is available. The supervisor is also responsible for ensuring that the employee’s statements on the CA-1 accurately reflect the events that occurred. The supervisor should interview the injured employee when any significant statement on the Form CA-1 is incomplete or raises questions. The employee’s answers should be recorded on a separate sheet of paper and the employee should be asked to review, correct (if necessary), and sign the statement. The supervisor should also ensure that the following information is provided:

- a. Names of witnesses to the injury.
- b. The immediate effects of the injury.
- c. Correct date and time of injury.
- d. If medical attention was not sought immediately, the employee should state the exact reasons why.
- e. The medical condition that existed between the date of injury and the date of first medical treatment should be described fully.
- f. Information concerning any similar medical condition that existed prior to the injury should be noted.

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CHAPTER 4

CONTINUATION OF PAY

The FECA provides that an employee's regular pay may be continued for up to 45 calendar days of wage loss due to disability and/or medical treatment following a traumatic injury. This provision of the Act is known as continuation of pay (COP). In order to be eligible for COP, the employee must file a CA-1 within 30 days of the date of injury. COP is not considered compensation and is therefore subject to income tax, retirement and other deductions. Once COP is exhausted, the employee may apply for compensation or use leave.

An employee is entitled to receive COP when he is absent from work due to disability or medical treatment or when he is reassigned by formal personnel action to a position with a lower rate of pay due to partial disability. Temporary employees are entitled to COP on the same basis as permanent employees, but COP may not be paid after a termination date that was established prior to the injury. All COP must be supported by medical evidence that documents the need for absence due to disability and must be submitted within 10 days of the absence.

The employee may use annual or sick leave to cover all or part of an absence due to the injury. If an employee elects to use leave, each full or partial day for which leave is taken will be counted against the 45 days of entitlement. Therefore, while an employee may use COP intermittently along with sick or annual leave, entitlement is not extended beyond 45 days of combined absences. An election of sick or annual leave during the 45-day period is not irrevocable. If an employee who has elected leave for the period wishes to elect COP, the agency must make such a change on a prospective basis from the date of the employee's request. When the employee wishes to have leave restored retroactively, the agency must honor the request, provided the agency receives prima facie medical evidence of injury-related disability for the period.

Time and Attendance (T&A) posting of the time loss on the date of injury should be charged to Date of Injury (Code "LU"). The period to be charged to COP begins with the first day or shift of disability or medical treatment following the date of injury and is coded "LT". COP should be charged for weekends and holidays if the medical evidence shows the employee was disabled on the days in question.

COP is authorized by the CPAC and notification of this authorization will be electronically mailed to the supervisor/timekeeper upon receipt of medical evidence from the employee for time-off work or for disability for each absence or for each continued absence period during the first 45 days following the injury.

If work stoppage occurs for only a portion of a day or shift, a full day of COP will be counted against the 45-day entitlement, even if the employee is not entitled to COP for

the entire day or shift. For example, if an employee who has returned to work must attend physical therapy for 3 hours, he is entitled to only 3 hours of COP but the entire day will be charged against the 45-day limit. If the employee is absent for all or part of the remaining workday, the time loss should be covered by other leave, as appropriate. If an employee is partially disabled following the injury, and continues to work several hours each workday, each day or partial day of absence from work is chargeable against the 45-day period. It should be noted that for most practical purposes, 4 hours of COP is allowed per shift for a routine doctor's appointment.

In the event that an employee has used 30 days of his COP entitlement and it appears that the employee may not be allowed to return to work before the 45 days of COP expires, please contact the Injury Compensation Specialist. This enables the specialist to advise both the employee and the supervisor on the procedures for filing to receive wage loss compensation. Early processing of claim forms can prevent an interruption of pay for the injured worker.

In many cases, an employee will return to work without using all 45 days of entitlement of COP. If an employee suffers a recurrence of disability, he may use the balance of COP if no more than 45 days have elapsed since the date of first return to work, including part-time work and light duty. If the recurrence begins later than 45 days after the first return to work, the agency should not pay COP even though some days of the entitlement remain unused. A period which begins before the 45 day deadline and continues beyond it may be charged to COP as long as the period of time is uninterrupted.

COP should not be stopped until:

- a. The expiration of the 10-workday period after the employee claims COP or the disability begins (or recurs), whichever is later, if the agency has not received prima facie medical evidence of injury-related disability within that period.
- b. The agency receives medical information from the attending physician stating that the employee is no longer disabled for regular work.
- c. The agency returns a partially disabled employee to full-time light duty with no pay loss.
- d. The agency receives notice from OWCP that COP pay should be terminated.
- e. The expiration of 45 calendar days.

Again, please note that all COP is authorized by the Injury Compensation Specialist and will be electronically mailed to the supervisor or timekeeper upon receipt of medical evidence.

CHAPTER 5

CONTROVERSION OF COP

Sometimes an agency objects to paying a claim for COP, either for one of the reasons provided by regulation or for some other reason. This action is called controversion. Supervisors are in the best position to controvert COP claims since they are most likely to possess knowledge of questionable claims. Even though a claim may be controverted, the agency must continue the employee's regular pay unless at least one of the conditions set forth below applies:

- a. The disability is the result of an occupational disease or illness.
- b. The employee comes within the exclusion of 5 U.S.C. 8101(1) (B) or (E). This refers to persons serving without pay or nominal pay, and to persons appointed to the staff of a former President.
- c. The employee is neither a citizen nor a resident of the U.S., Canada, or Canal Zone.
- d. The injury occurred off the employing agency's premises and the employee was not engaged in official "off-premises" duties.
- e. The employee caused the injury by willful misconduct, or intended to bring about the injury or that of another person, or the employee's intoxication was the proximate cause of the injury.
- f. The injury was not reported on a form approved by OWCP (Form CA-1) within 30 days following the injury.
- g. Work stoppage first occurred more than 45 days following the injury.
- h. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work-study program, or other group covered by special legislation.
- i. The employee initially reported the injury after employment was terminated.

The supervisor may dispute an employee's right to receive COP (and/or the validity of the claim as a whole) on other grounds such as that the claimant was not performing an assigned duty when the injury occurred, or that the condition claimed is not the result of a work-related injury. Other reasons for controversion might be that the facts of the injury are questionable, knowledge of a pre-existing medical condition, delays in reporting injuries, and knowledge that the employee has the ability to perform light duty but refuses to do so. Any controversion action should be supported by objective evidence

such as witness statements, pictures, accident investigations, or time sheets. A supervisor who wishes to controvert COP may contact the Injury Compensation Specialist for assistance. If the claim is being controverted for any reason other than the nine listed above, regular pay may not be interrupted during the 45-day period unless the individual is returned to light duty or notification is received from OWCP.

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CHAPTER 6

COMPENSATION BENEFITS

The FECA provides various forms of compensation benefits that are available to injured employees. Some types of benefits are as follows:

- a. All medical treatment and evaluations in an emergency situation, and most medical treatment, including non-emergency surgery and physical therapy are authorized by OWCP. This also includes all medical appliances, hearing aids, wheelchairs, etc. It should be noted here that medical treatment is covered if prescribed or administered by an approved attending physician. An employee is entitled to initial choice of physician for treatment of an injury. This may be any licensed physician in private practice, or a government facility. This choice is usually made by the employee at the first visit to the Occupational Medicine Facility at Fox Army Health Center. Except for a referral made by the attending physician, any change in treating physician must be authorized by OWCP.
- b. All drugs and pharmaceuticals prescribed by the attending physician are covered by OWCP billed through the pharmacy of choice.
- c. Reimbursements for out-of-pocket expenses may be claimed by employee.
- d. An employee may claim mileage for travel to and from medical treatment/care appointments at the standard mileage rate for government travel.
- e. Attendant's allowance, Home Health Care, and house and vehicle modifications are payable upon approval by OWCP.
- f. Death Benefits: The survivors of a Federal employee whose death is causally related to employment are entitled to OWCP benefits for funeral and transportation costs and administrative costs up to \$1000, and a \$9000 death gratuity payment to beneficiary, and compensation payments to qualified beneficiaries.

The disability benefits are as follows:

- a. Temporary Total Disability. Compensation based on loss of wages payable after the end of COP or from the beginning of pay loss. An employee without dependents is entitled to compensation at the rate of 66 2/3 % of his date of injury salary. With dependents, he is entitled to 75% of the date of injury salary. Compensation payments for total disability may continue as long as the medical evidence substantiates total disability.
- b. Partial Disability Compensation. If an employee is reemployed at a job paying less

than the date of injury salary, compensation will be payable based on the loss of wage-earning capacity. Benefits are paid for the duration of the wage loss due to the work-related disability.

c. Leave Buy Back may be claimed for personal leave used after the COP period. This buy back procedure is based on the same compensation rate described in paragraph a above.

d. Scheduled Awards. Compensation is provided for the permanent loss, or loss of use, of certain members and functions of the body. This compensation is based upon a medical Functional Capacity Evaluation establishing maximum medical improvement and is payable based upon a calculated award schedule.

e. Disfigurement. In cases where the employee suffers injury to the face, neck or head and serious disfiguring scars and deformities result that would likely prove to be a handicap in securing or maintaining employment, the FECA provides for payment of an award of compensation.

NOTE: No payment of benefits is automatic. All types of benefits must be claimed and filed through the OWCP to be eligible for payment. Contact the CPAC Injury Compensation Specialist to inquire about benefits.

CHAPTER 7

LIGHT DUTY

The purpose of providing a light duty program is to help employees maintain the discipline of going to work on a daily basis and to allow them to contribute to the mission as soon as possible. Ideally, the light duty assignment should require little or no additional training, provide a tangible product, and have the proper degree of difficulty. It is usually best to assign the employee to his regular job provided it can be modified to eliminate duties that would not be in accordance with the medical restrictions.

If the employee is expected to return eventually to the job held at the time of injury, light or modified duty pending full recovery may be offered. When the physician's report indicates that the employee is no longer totally disabled, he is required to accept any reasonable offer of suitable light or limited duty. Such an offer may be made by telephone but must be confirmed in writing in order to be valid. The offer should include a description of the duties and requirements of the offered position.

The employee may be returned to light duty at a position at a lower pay rate than the one held on the date of injury. If pay loss results, COP will be continued to make up the difference in pay. After 45 days of COP has been exhausted, the injured employee may file for wage loss compensation to make up the pay difference between the light duty position and the date-of-injury position. (This also applies to loss of night/shift differential/hazard pay due to an injury.)

If the residuals of the injury will prohibit the employee from returning to the position held at the time of injury and the employee has been in receipt of compensation for more than one year, the following reemployment options should be considered in the order of preference:

- a. Return to the position held at the time of injury with modifications to accommodate the claimant's limitations.
- b. Employment in another position at the same salary as the position held at the time of injury; or
- c. Employment in another position at a lower salary than the position held at the time of injury.

In attempting any reemployment, the disruptive impact on the injured employee should be minimized. The position must be commensurate with the employee's medical condition and should take into account any new, non work-related condition that has

developed since the work-related injury. If temporary positions are offered, they must be at least 90 days in duration. Generally, an employee who is capable of working 4 or more hours a day should be offered a position providing at least that much work. A case involving extended disability may be considered for vocational rehabilitation when requested by the agency if a suitable position exists.

Supervisors who wish to make limited/light duty job offers should contact the Injury Specialist prior to actually making an offer to the injured employee. The success of efforts to return employees to gainful employment while providing procedural due process requires close cooperation between the employer and OWCP.

APPENDIX A

DEPARTMENT OF LABOR FORM CA-1

The DOL Form CA-1 is the Notice of Traumatic Injury and Claim for COP. Instructions are attached to the form and should be followed. All items of the form should be completed. No entry should be left blank; therefore, if an item is not applicable, "NA" should be entered. Do not complete the shaded areas. Sample CA-1 follows on next page.

Employee Data:

Items 1-8: Self-explanatory.

Item 9: Include location description more specific than just the building number.

Item 10: Self-explanatory.

Item 11: Date employee completes the form.

Item 12: Do not use abbreviations.

Item 13: Describe what duty you were performing, what happened to cause the injury, and the specific trauma that occurred.

Item 14: Describe which part of the body was affected and HOW it was affected. Include left or right, upper, lower, etc.

Item 15: Injured worker's signature and choice of COP or Leave.

Item 16: Witness statement. If no witness, enter "NA". Signed and dated statements may be attached to the CA-1 if further explanations are too lengthy for the form. If employee is unable to complete the CA-1 or sign, the supervisor may do so on his behalf.

Supervisor's Report:

Item 17: LEAVE BLANK (completed by CPAC).

Item 18: Official Duty Station.

Item 19 – 22: Self-explanatory.

Item 23: Date supervisor receives CA-1 from employee.

Item 24: Date employee stopped working. (If employee reports to Occupational Medicine and goes back to work, enter "NA".)

Item 25: "NA" if the form is filed in a timely manner since pay continues through the first 45 days following injury.

Item 26: This is either the day following the date of injury if employee is medically disabled from work, OR the FIRST day of medical disability following the injury.

Item 27: Date employee returns to full time light or regular duty after disability period. If employee is still disabled at the time CA-1 is submitted, enter "Has Not".

Item 28 – 35: Self-explanatory.

Item 36: Refer to handbook if answer is "yes".

Item 37: Enter hourly, monthly or annual pay at time of injury, or date stopped work.

Item 38: In addition to information requested, please include an Office Symbol.

Item 39: To be completed by CPAC.

APPENDIX B

DEPARTMENT OF LABOR FORM CA-2

The DOL Form CA-2 is the Notice of Occupational Disease or Illness. Instructions are attached to the form and should be followed. All items of the form should be completed. Extra attachments may be included if the block is too small for all information. No entry should be left blank; therefore, if an item is not applicable, "NA" should be entered. Do not complete the shaded areas. All employees filing a CA-2 should report to the Injury Compensation Specialist for assistance. Sample CA-2 and checklist follow.

Part A: Employee Data

Items 1-8: Self-Explanatory.

Item 9: Full title; do not use abbreviations.

Item 10: Include location description more specific than just the building number.

Item 11: The date you realized you had an illness.

Item 12: The date you realized that this illness was work-related.

(These dates may be the same, or they may be weeks, or months apart, in some cases, years, i.e. hearing loss.)

Item 13: Be very specific and detailed concerning job duties, physical requirements of the job, or in the case of exposure, be specific as to the frequency and duration of the exposures.

Item 14: Give the physician's diagnosis, or if you haven't seen a doctor, describe your injury/illness/condition and what part of the body is affected.

Item 15: Various reasons are valid.

Item 16: This refers to the employee's statement, on page one of the instructions attached to the CA-2.

Item 17: Self-explanatory.

Item 18: Self-explanatory.

Part B: Supervisor's Report (Page 2)

Item 19: To be completed by CPAC.

Item 20-22: Self-explanatory.

Item 23-25: Provided by the employee with medical documentation.

Item 26: Date employee informs supervisor of the condition.

Item 27-30: Self-explanatory.

Item 31: Supervisor should include here any modifications/changes to duties, ergonomic studies, diagrams, etc. relevant to the employee's physical surroundings and condition.

Item 32-34: Self-explanatory.

Item 35: In addition to information requested, please include an Office Symbol.

Part C. This portion is strictly for an employee who is filing a CA-2 AFTER leaving the federal employment.

CHECKLIST FOR EVIDENCE REQUIRED IN SUPPORT OF OCCUPATIONAL ILLNESS/DISEASE CLAIM

FROM EMPLOYEE:

1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemical used or other relevant job factors.
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.
3. Describe any prior similar problem with dates of onset history, medical care received and copies of the medical records of your treatment.
4. Attach or forward a medical report from your physician to include the following items:
 - a. Dates of examination and treatment.
 - b. History given by you.
 - c. Detailed description of findings.
 - d. Results of all diagnostic tests.
 - e. Diagnosis.
 - f. The clinical course of treatment followed.
 - g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in item 1 above.

FROM AGENCY/SUPERVISOR:

5. Review and comment on employee's statement provided in response to item 1.
6. Attach copy of job description to the CA-2. If employee's job differs from the official description, describe the exact duties and differences.
7. Give a day-by-day listing (Time and Attendance history) of leave and LWOP used due to the condition.

APPENDIX C

DEPARTMENT OF LABOR FORM CA-2A

The DOL Form CA-2a is the Notice of Recurrence. Instructions are attached to the form itself and should be followed. All items of the form should be completed. No entry should be left blank; therefore, if an item is not applicable, "NA" should be entered. Completed sample CA-2a follows on next page.

Part A. Employee Data:

Items 1-13: Self-explanatory.

Item 14: Date pay stopped applies if LWOP was used. If personal leave was used, pay did not stop.

Items 15-18: Self-explanatory.

Item 19: Describe physical limitations that hindered the performance of your regular duties, whether mandated by the doctor, or physical limitations you experienced during the period between the original injury and the recurrence.

Item 20: The return to work date is referring to the first return to work date after your original injury. Describe all medical treatment up to and including the recurrence.

Items 21-14: Self-explanatory.

Part B. Federal Employee Agency (Supervisor):

Item 25: Leave blank

Item 26: Self-explanatory.

Item 27: Enter date, if known.

Items 28-33: Self-explanatory.

Item 34: Enter dates, if known.

Items 35-36: Self-explanatory.

Item 37: Enter yes or no, if known.

Item 38: If yes, provide details of accommodations.

Item 39: If known, so state. Employee may provide this information.

Item 40: Provide additional known facts relating to the information provided by employee.

Items 41-44: Self-explanatory.

Part C. To be completed by the employee if not employed with the Federal Government at the time of the recurrence.

Employee is responsible for arranging for the submission of detailed medical reports, which must include dates of exams and treatments, findings, lab and x-ray results, diagnosis, and the physician's opinion of the causal relationship between the current condition and the original injury. If employee is disabled due to the recurrence, physician should identify the disability dates, provide work tolerance limitations and describe employee's ability to perform duties.

APPENDIX D

DEPARTMENT OF LABOR FORM CA-17

The DOL Form CA-17 is used when an employee is deemed to be unable to return to his/her normal work after an injury. The information contained on this form, once it has been completed by the physician, allows the supervisor to evaluate the injured employee's capabilities and to either modify the employee's regular job or to develop a set of duties that the employee can perform until he/she can resume regular work. In the event that the attending physician deems the employee to be temporarily totally disabled, another CA-17 should be sent to the physician every 2 weeks until the employee is allowed to return to work.

PART A – SUPERVISOR: The attending physician's name and address should be entered in Item 1. Complete the information pertaining to the employee and the circumstances of the injury (Items 2 through 7). In Item 8, the supervisor should specify all tasks that the employee is required to perform during his/her normal work day and to estimate the frequency and duration of each task. The total number of hours may exceed the 8 or 9-hour work shift, but that is allowable since some tasks are performed simultaneously. For example, an individual may be sitting and performing fine manipulation at the same time for 4 hours per day. It might be helpful to discuss the requirements with a co-worker who performs the same job as the injured employee. Item 9 should be completed showing all vehicles/machinery that must be operated during the course of a day. The employee's work shift should be shown in Item 10. Item 12 should be completed showing the supervisor's name and address. Upon receipt of the completed form, forward a copy to the Civilian Personnel Advisory Center.

PART B – PHYSICIAN: This portion of the form will be completed by the attending physician and should detail the employee's physical limitations. It is possible that the physician will submit a narrative report instead of the Part B, CA-17. All reports should list specific work restrictions. If a supervisor receives a report that fails to address the employee's limitations, please notify the CPAC Injury Compensation Specialist so that the physician can be contacted and work restrictions obtained.

APPENDIX E

DD FORM 689

The DD Form 689 is used to expedite treatment at the Occupational Medicine Clinic of the Fox Army Health Center. The form contains the injured employee's name, social security number, pay plan and grade. The DD 689 verifies that the injury occurred in the line of duty and gives a brief description of the facts about the accident. The supervisor of the injured employee should sign as the unit commander.

APPENDIX F

GLOSSARY

Compensation: Benefits paid or payable under FECA, including money paid because of loss of wages, medical expenses, rehabilitation expenses, loss of use of major body functions, as well as death benefits to survivor(s).

Continuation of Pay (COP): The FECA provides that an employee's regular pay may be continued for up to 45 calendar days due to disability and/or medical treatment following a traumatic injury. The purpose of COP is to eliminate interruption of the employee's income while the claim is being adjudicated. In order to be eligible for COP, a claimant must file DOL Form CA-1 within 30 days of the date of injury (DOI) and medical evidence must be submitted to the CPAC within 10 days of absence. COP is not considered compensation and is therefore subject to income tax, retirement and other deductions. COP is not authorized for occupational disease/illness claims filed by DOL Form CA-2.

COP Termination: Termination of COP can be accomplished for any of the nine reasons listed on DOL Form CA-1 or if medical documentation of disability has not been received within 10 workdays after the claim for COP has been made.

Controversion: The formal administrative procedure through which DOD management presents evidence to OWCP to challenge an employee's claim for benefits. Management may controvert claims for COP that are clearly in conflict with the provisions of the regulations, or if there is serious doubt as to the validity of the claim. Controversions must be thoroughly documented and submitted at the earliest date the facts are available.

Leave Buy-Back: A compensation benefit whereby personal leave can be restored to leave balance if initially used due to work-related injury.

Light Duty: The temporary or permanent assignment to productive duty of an employee who is partially disabled from a job-related injury or illness and is unable to perform his or her regular duties. The employee's return to work must be recommended by appropriate medical authority and the assigned tasks must be fully consistent with the physical limitations specified by such medical authority.

Loss of Wage Earning Capacity: Compensation benefits paid at a reduced rate, based on an employee's ability to earn normal wages due to partial disability, which is job related.

Occupational Disease/Illness: A condition that occurs in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, fumes, or other continuing conditions of

employment. The supervisor should seek the assistance of the CPAC in order for the employee to file DOL Form CA-2.

Recurrence: A spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause. A recurrence is distinguished from a new injury by the criterion that in a recurrence no event other than the previous injury accounts for the disability. A DOL Form CA-2a should be filed for recurrences with the assistance of CPAC.

Traumatic Injury: Any wound or other condition of the body caused by external force, including stress or strain that is identifiable by time and place of occurrence and member of the body affected. Injury must be caused by a specific event or incident or series of events within a single day or work shift. Traumatic injuries also include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to a personal injury requiring medical services. Traumatic injuries only entitle employee to continuation of pay. DOL Form CA-1 is filed when traumatic injuries are sustained.

APPENDIX G

REFERENCES

AMCOM Regulation 690-11: Federal Employee's Compensation for Occupational Injury or Disease

AMCOM Policy 690-13: Worker's Compensation Policy

Office of Worker's Compensation Program Publication CA-810: Injury Compensation for Federal Employees

Web Sites:

www.dol.gov/dol/esa

www.dol-esa.gov

<https://intranet2.redstone.army.mil/wcw/>

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